Original Article

DRUG ADDICTION: PERCEIVED STRESS AND SUICIDAL RISK FACTORS

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ABSTRACT:

OBJECTIVE: The aim of present study is to investigate and explore the relationship between Perceived Stress and suicidal ideation of drug adcits

MATERIAL AND METHOD: Sample of the study consisted of n=100 male addicts, aged 12-50 drawn from Department of Psychiatry and Behavioral Science, Madinah Teaching Hospital, Faisalabad.

STUDY DESIGN: Co- sectional study design.

PLACE AND DURATION OF STUDY: The sample was taken from MTH of Faisalabad. The duration of study was from 01-6-2015 to 31-10-2015. Inclusion and Exclusion criteria were followed to gather data for this study. Female drug addicts were excluding because female drug addicts were very rare in our society. Perceived stress scale and Suicide Probability Scale (SPS) were used for quantities analysis in the study. After getting data, result was tabulated and analyzed using SPSS version 20. The study result that is based on small sample can be generalized on large population which can build positive approach in people toward their future life

RESULTS: In this study descriptive statistical tools were used to analyze the data. Results showed that Suicide probability scale and Perceived stress scale has significantly associated.

CONCLUSION: Thus, it can be concluded from the above discussion that is positive relationship between Drug addiction and stress and stress and suicidal rick and stress. It also concludes that age, employment, education, marital status and no of children were strong factors that increase stress and suicidal risk due to addiction.

KEY WORDS: Perceived stress, suicidal risk factors, drug addiction.

INTRODUCTION:

The aim of present study is to investigate and explore the relationship between Perceived stress and suicidal ideation of drug addicts and also examines how these stress factors that increase their suicidal risk.

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge an addicted person's self-control and hamper his or her ability to resist intense impulses to take drugs. Drugs contain chemicals that tap into the brain's communication system and disrupt the way nerve cells normally send, receive, and process information.[1] Addiction is a continual, chronic, reoccurring psychological and physical disease that is characterized by habitual and obsessive drug seeking behavior and use, regardless of detrimental results. It is considered a brain disease as drugs alter the brain; they modify its structure and function. These brain changes can be enduring and can lead to many destructive and detrimental behaviors.[2]

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Cannabis, in one form or the other (marijuana, charas, etc.), is the most commonly used drug in Pakistan in terms of lifetime use and prevalence, followed by heroin, alcohol and psychotropic substances.[3]
The history of addiction goes back to some 7000 BC for a description of the cultivation and preparation of opium. The history of addiction goes back to some 7000 BC for a description of the cultivation and preparation of opium which is included in the clay tablets of the Sumerians. Source of Opium was extract from poppy plant, cocaine from the leaves of coca bush, and cannabis from the hemp plant. At the start the use of these was only for the rationale of relieving the physical and mental capabilities, and for medicinal and surgical reason. But the human nature of modernization and improvement must have led to the use of these substances for mood altering effects and propose flee from the genuine and complex world of existence to a more enjoyable and satisfying world of fantasy. These things are possibly a few of the oldest natural substances used by human race.2 Afghanistan is the world's chief producer of illicit opium, and proportions in the Middle East, Africa, and China [4].
In the last 45 years, suicide rates have increased by about 60% worldwide, with global suicide figures potentially reaching 1.5 million deaths by the year 2020[5]. Although traditionally suicide rates have been highest among elderly males, rates among young people have been increasing to such an extent that they are now the group at highest risk in roughly one-third of nations, in both developed and developing countries. Mental disorders (particularly depression and substance abuse) are often associated with cases of suicide. However, suicide results from many complex socio-cultural factors and is likely to occur particularly during periods of socioeconomic, family and personal crisis situations (e.g., loss of a loved one, employment, dignity, *etc.*)
Globally, alcohol consumption has increased in recent decades, with all or most of that increase occurring in developing countries. Alcohol consumption has health and social consequences *via* intoxication (drunkenness), dependence (habitual, compulsive and long-term drinking), and biochemical effects. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at a relatively young age, resulting in the loss of many years of life to death or disability. There is increasing evidence that, aside from the volume of alcohol consumed, the pattern of the drinking is relevant for health outcomes. Overall, there is a causal relationship between alcohol consumption and more than 60 types of diseases and injuries. Alcohol is estimated to cause about 20–30% of cases of oesophageal cancer, liver cancer, cirrhosis of the liver, homicide, epilepsy and motor vehicle accidents. Alcohol had been used by most people in the Americas, Europe, Japan, and New Zealand, with smaller proportions in the Middle East, Africa, and China [6]
The historical and geographical context, socio-demographic, psychological, economic factors also play a role in determining drug misuse. Research conducted in Pakistan show that features of life such as unemployment11 and post-traumatic stress disorders12 are highly associated with substance use. In addition, cultural and environmental factors including the availability of both licit and illicit substances are likely to render many segments of the Pakistani population - from both urban and rural areas - increasingly vulnerable to drug use.[7]

OBJECTIVE:

The study has following objectives;

- To understand the relationship between Stress and Suicidal ideation of drug addicts.
- To explore how these stress factors that increase their suicidal risk.

MATERIAL And METHODS:

PLACE OF STUDY:

This research work was done in Department of Psychiatry and Behavioral, Madinah Teaching Hospital, Faisalabad.

INCLUSION CRITERIA:

It included all male drug addict patient at the age range from16 to 50.

EXCLUSION CRITERIA:

Female drug addict were excluded because in our society female drug addict are very rare.

METHOD:

Sample of 100 male drug addicts was selected using purposive sampling technique. Perceived stress scale and suicidal risk assessment guide for quantities analysis was used. The age range of sample was 16 to 50. Before start of the data collection, respondents were provided with brief instructions and it was assured that they have got provided information, and then both of the instruments were administered to each of the patient and made them understand each and every item of the scales. The patient was asked to make enquiry about any item which he thought was ambiguous. After the data collection, it was assured that their provided information will be used only for research purposes.

INSTRUMENTS:

PERCEIVED STRESS SCALE (PSS):

Perceived stress scale was designed by Sheldon Cohen(1983).It consists of 10 items which are rated on five point Likert Scale. The total score is calculated by finding the sum of 10 items, reverse coding questions 4, 5, 7, & 8 – as pictured above. The PSS has a range of scores between 0 and 40. A higher score indicates more stress.

PSYCHOMETRICS OF PSS:

The PSS showed adequate reliability and, as predicted, was correlated with life-event scores, depressive and physical symptomology, utilisation of health services, and social anxiety. For full psychometrics see: Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. Journal of Health and Social Behavior, 24, 385-396. Reliability: Cohen, Kamarck, & Mermelstein (1983) reported Cranach's α between .84-.86 for the PSS. Test-retest reliability for the PSS was .85 Validity: Correlation of the PSS to other measures of similar symptoms ranges between .52-.76 [8].

Suicide Probability Scale (SPS);

The SPS is a 36-item self-repo The SPS is a 36-item self-report measure that assesses suicide risk in adults and adolescents. Individuals are asked to rate the frequency of their subjective experiences and past behaviors using a 4- point Likert scale ranging from "None [1]" to "all of the time [4]" (in total, 36-144 possible points). This scale was developed by Cull and Gill [9] in order to evaluate suicide risks in adolescents and adults. Higher points indicate higher risks. It has been shown to be valid and reliable in Turkey by Tuğcu . This scale is also one of the few that have adequate psychometric characteristics

DATA ANALYSIS:

Statistical analysis was carried out by using statistical package for social sciences (SPSS version 20).Descriptive statistic was applied for the analysis of collected data for the test of significance. Chi square was used to compare the relationship of stress and suicidal ideation due of drug addicts. The level of significance was considered to be p> 0.01**

RESULTS:

The aim of the study was to explore the relationship between stress and suicidal ideation of drug addicts . Another aim of the present study was to explore how these stress factors that increase their suicidal risk. To test the hypothesis descriptive statistics was used Details of the results are given below.

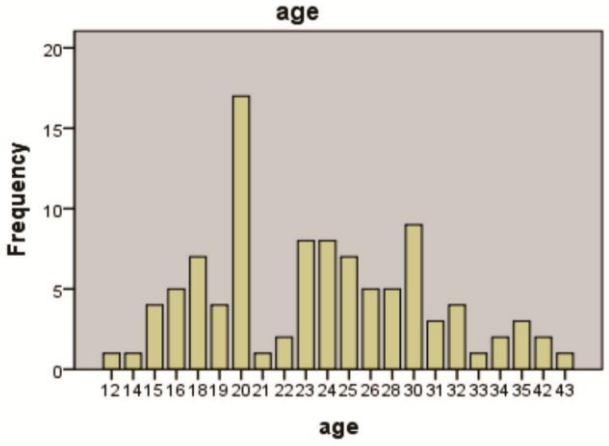

Figure:1 Is showing the age range of respondents. It is indicating that most of respondent were belonging to age range of 20 years.

Table-1 perceived stress scale * suicide scale Crosstabulation Count

		suicide scale			Total
		Never	Little	Most	
perceived stress scale	Almost never	0	5	4	9
	Sometimes	0	19	21	40
	Fairly often	1	17	15	33
	Very often	0	17	1	18
Total		1	58	41	100

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.153[a]	6	.028
Likelihood Ratio	16.870	6	.010
Linear-by-Linear Association	7.030	1	.008
N of Valid Cases	100		

a. 5 cells (41.7%) have expected count less than 5. The minimum expected count is .09.

Findings show that there is positive relationship between perceived stress and suicidal ideation of drug addict. To test the hypothesis descriptive statistics was used. Chi square was computed for variables. The result of chi square was less than 5. The hypothesis was accepted which states that stress is positively associated with suicidal risk factors of drug addict.

Graphical representation of different stress effectors on frequency table that showed on figures

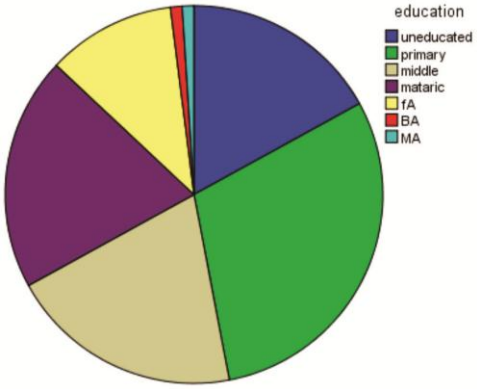

Figure: 2 Is showing the education level of respondents. It is describing that majority of respondents have primary level.

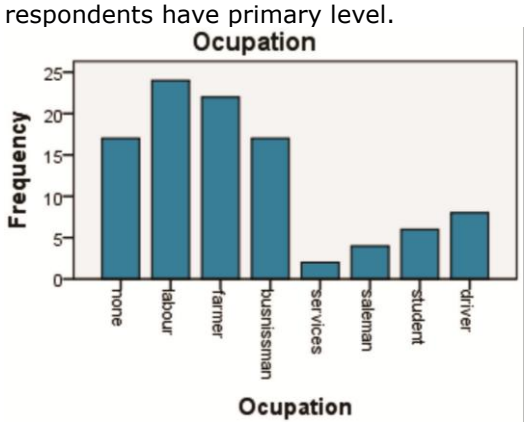

Figure:3 Is showing the occupation level of respondents. It is describing that majority of respondents have labors.

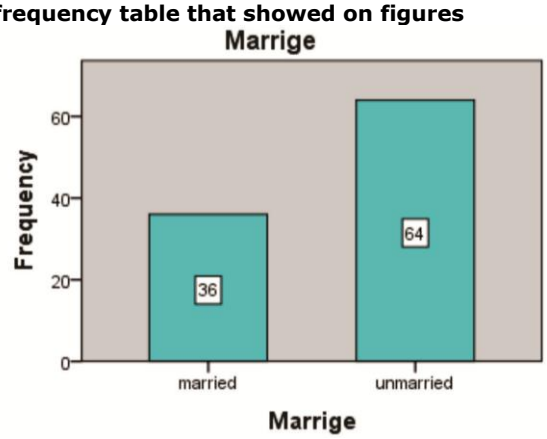

Figure: 4 Is showing the marriage of respondents. It is describing that majority of respondents were unmarried.

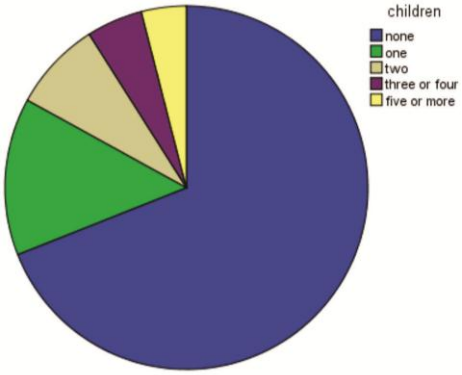

Figure: 5 Is showing the number of children of respondents. It is describing that majority of respondents have no of children.

DISCUSSION:

The topic of the study is to investigate and explore the relationship between stress and suicidal ideation of drug addicts. Further, the study also examines how these stress factors that increase their suicidal risk. . The result indicates that there is signification association between stress and suicidal ideation of drug addicts. The status of first hypotheses is accepted of present study. The result of second hypotheses indicates that age, occupation, marital status, education and number of children, these are stress factors that increase their suicidal risk. Whereas, finding that suggest that employment, age, marital status, education, no of children created more stress on person, so that factors lead to involve in drug addiction and also increased suicidal risk because these factors valuated during gathering data.

A study conducted in Zahedan, Iran, suggested that 16.8% of individuals referred for addiction treatment had at least one suicidal attempt. Among them those who used crack and intravenous injection of drugs, as well as the younger ones and the single individuals had higher rates of suicide.[10]

David (2010) identified risk factors for suicidal among adolescent. He found that family environment, stress events and substance abuse play important role in suicide and suicidal behavior or suicidal attempts.[11]

CONCLUSION:

Thus, it can be concluded from the above discussion that is positive relationship between Drug addiction and stress and stress and suicidal rick and stress. It also concludes that age , employment, education, marital status and no of children were strong factors that increase stress and suicidal risk due to addiction.

Socio-cultural problems including unemployment, poor economic conditions and illiteracy; loose social and parental control, juvenile delinquencies, fad of savoring new things and immoral tendencies are some of the key provocations for drug abuse in a developing countries setting like Pakistan's.[12]

RECOMMENDATIONS:

- The prominence of self-efficacy in affecting the length of abstinence of chronic drug abusers sends the strong signal that strengthening the self-efficacy of clients would be one of the most effective means to improve drug treatment/rehabilitation programs and services. Self-efficacy is the individual's perceived ability to resist the temptation to re-use a drug even in a high-risk situation, such as the presence of the drug.
- We suggest that staff of programs of different modalities can review the elements in their programs that aim to improve self-efficacy, and review their effectiveness. While overseas experience in the enhancement of self-efficacy can be a good source of reference for improvement, especially those that were designed according to the renowned relapse prevention model, the local experience of service providers in this regard should also be summarized for mutual sharing.
- Association with drug-using friends and support from non-drug-using friends significantly influence the subjects' performance in the intervals of the study. Both involve the re-establishment of social relations after leaving the treatment setting.
- While the economic and social advantages of having an employment after treatment are obvious to both service providers and treated addicts, our findings further suggest that having a correct job attitude could even be more important than the employment itself. We have explained that an active and aggressive job attitude would not only increase the chance of the treated addict to be employed, but also it was part of an active and positive attitude towards life that the treated addict needs so badly. Therefore, we recommend that more efforts should be made by existing programs to inculcate a correct job attitude in their clients.
- Job training and employments organized by treatment & rehabilitation

programs could be good ways to inculcate a positive job attitude in treated addicts.

- If the society really wants to help them, extending the length of services to them will be necessary. Perhaps a separate body can be set up to coordinate with different treatment programs so as to follow up on treated addicts after they leave the programs. This body will liaise with various related government departments, such as the Housing Department, the Labour Department, the Social Welfare Department and the Department of Health, so that services meeting the psychological, social, financial, and health needs of chronic drug abusers can be quickly lined up.

REFERENCES:

1. Nestle,E.J, (2013)"Cellular basis of memory for addiction". Diaglogues Clin.Neurosci 2013;15(4);431-434.PMC898681.PMID24459410.
2. Wang R, Wang G-J, Goldstein RZ, Caparelli EC, Volkow ND, Fowler JS, Tomasi D. (2010). Induced magnetic force in human heads exposed to 4 T MRI. Journal of Magnetic Resonance Imaging 31, 815-20.
3. UNODCP. (2002). Drug Abuse in Pakistan. Results from National Assessment Study of Pakistan by Anti Narcotic Force, http://www.unodcp.com [Accessed on 3rd January, 2010, pp. 08-10. Z].
4. Substance Abuse and Mental Health Services Administration. (2011). Treatment Episode Data Set (TEDS): 1999-2009. National admissions to substance abuse treatment services (DASIS)
5. Agency for Healthcare Research and Quality. (2011). 2010 national healthcare disparities report (AHRQ Publication No. 11-0005). Rockville, MD: U.S. Department Health and Human Services. Retrieved from http://www. ahrq.gov/qual/nhdr10/nhdr10.pdf .
6. Degenhardt L, Chiu WT, Sampson N, Kessler RC, " Toward a global view of alcohol, tobacco, cannabis, and cocaine use: findings from the WHO World Mental Health Surveys. PLoS Med. 2010;5:e141.
7. Javidi, H., and Yadollahie, M. 2012. "Post-traumatic Stress Disorder." Int J Occup Environ Med 3(1)
8. Cohen, S., Kamarck, T., Mermelstein, R. (1983). A global measure of perceived stress. Journal of Health and Social Behavior, 24, 385-396
9. Cull JG, Gill WS. Suicide Probability Scale (SPS) Manual. Los Angeles, California: Western Psychological Services; 1988.
10. Bakhshani NM, Bahareh B, Bakhshani S, Lashkaripour K. Suicidal attempts among individuals seeking treatment for substance dependency. Procedia - Social and Behavioral Sciences. 2010; 5:1982–5.
11. David, A., and Brent,M.D(2010).'Risk Factors for Adolescent suicde and scuidal behavior : mental and substance abuse disorder ,family envirmnental factors and life stress''doi:10.1111/j.1943-278x. 199.
    tb00490.x.www.mtscil.org/skill/stress-definition-I. htmI.
12. Drug Addiction Highest in Pakistan: International Narcotic Control Board – February 22, 2010.

Submitted for publication: 02-12-2015

Accepted for publication: 20-02-2017

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1	Dr. Tariq Rashid	Research design and formulation of results
2	Ms. Sana Mustafa	Completion of data
3	Ms. Zainab Asif	Analysis of data